The Power of an Unlikely Collaboration:
Detroit Regional Infant Mortality Reduction Task Force’s Initiative to “Sew Up the Safety Net for Women & Children”

October 15, 2015
Game-Changing Partnership:

More than a Cameo Role
The Detroit Regional Infant Mortality Reduction Task Force

Through the convening of an unprecedented public-private partnership of Detroit’s major health systems, as well as public health, academic, and community partners, the Task Force was formed with the common goal of coordinating medical and social services for women to improve the conditions that lead to infant survival.
DRIMRTF Objectives

1. Citywide assessment of MCH programs, directly and indirectly addressing IM

2. Launch a comprehensive program to better coordinate and innovate around existing resources, using Community Health Workers for primary engagement

3. Leverage resources and expertise of Task Force membership to influence quality, system-level and policy-level improvements
Since 2008: Detroit Regional Infant Mortality Reduction Task Force

- Detroit Medical Center
- Henry Ford Health System
- Beaumont Healthcare (formerly Oakwood Healthcare System)
- St. John Providence Health System
- Greater Detroit Area Health Council
- Michigan Association of Health Plans
- Michigan Department of Community Health
- University of Michigan School of Public Health
- Wayne County Health Department
- Institute for Population Health
- Detroit Department of Health and Wellness Promotion

Chaired by Dr. Kimberlydawn Wisdom, HFHS
RWJF Site Visit, April 2011

Media Tour, Oct. 2011

Program to tackle Detroit’s high infant mortality rate

It’ll offer help with prenatal care and more
Funding Partners

Detroit Medical Center-Children’s Hospital of MI*
Henry Ford Health System*
The Kresge Foundation
The Jewish Fund
March of Dimes Foundation – MI Chapter
Beaumont Healthcare (formerly Oakwood Healthcare System)*
PNC Bank Foundation
Robert Wood Johnson Foundation
St. John Providence Health System*
U of M School of Public Health*
W. K. Kellogg Foundation

$3.4 million secured over 6 years
WIN Network Detroit Community Partners

• Assurance Wireless
• Black Family Development
• Black Mother’s Breast Feeding Association
• Brightmoor Alliance
• Chadsey-Condon Community Organization
• Detroit Wayne County Health Authority
• Interfaith Health & Hope Coalition
• Matrix Human Services

• Michigan Roundtable for Diversity & Inclusion
• MichUHCAN
• Osborn Neighborhood Alliance
• Tomorrow’s Child
• United Way 2-1-1
• Voices of Detroit Initiative (VODI)
• Wayne County Child Healthcare Access Program
• Wayne County Medical Society of Southeast Michigan
• Wayne State University
Task Force Member Roles

• Connecting with non-traditional contributors to health
• Learning collaborative
• Advocating for policy and system-level changes
  – Collective impact framework
  – Social determinants of health
  – Reimbursement of services provided by CHWs
UTILIZING CHW’S TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH
Role of a CNN

• Recruitment and enrollment
• Mentoring pregnant women during home visits
• Nurture community partnerships
• Connect women with resources and support
• Liaison to Task Force and WIN Network management
• Educate and Support:
  – Pre- and inter-conception health
  – Prenatal health
  – Goal setting
  – Skill-building
CIVIC ENGAGEMENT

• WIN Network: Detroit Community Mosaic Mural
• Volunteer opportunities
• Community mobilization
• Advocacy

www.WINnetworkDetroit.org
Program Summary:
January 2012 – December 2014

1000’s Website visitors & Expo Attendees

364 Pregnant Women Enrolled

200 Live Births

790 Non-Pregnant Women Enrolled
Prevalence of low or very low birth weight in WINN participants versus Detroit

Low or very low birth weight (<5lbs)
Birth Info

• Average gestational age at birth was 38.3 weeks, with 89% full-term.

• Average birth weight of infants was 6.79lbs, with only 12% at LBW.

• Only 13% of babies used NICU, mostly multiple births and staying less than 1 week.
Public Policy – CHW Sustainability

NATIONALLY:
• Getting off the grant cycle—provider reimbursement is key!
• Minnesota legislation allows CHW reimbursement (2007)
• Federal Register rules change for CHW reimbursement with provider script (2013)
• ACA/Medicaid expansion increased provider & managed-care plan interest in CHWs

IN MICHIGAN:
• Current Medicaid managed care contract rebid requires 1 CHW/20,000 members
• 2 well-attended Stakeholder Forums (2015), statewide multi-sector collaboration under way
• Michigan Community Health Worker Alliance working toward standardized training and CHW certification process
PARTNERSHIP BENEFITS, CHALLENGES, OPPORTUNITIES AND LESSONS LEARNED
How do we engage great partners?

- **Be** a great partner!
- Base goals/strategies on assessed community health needs and assets
- Use population health approach
- Identify early on: partner roles, core competencies, contributions
- Focus on shared wins: “What can we do together that we can’t do apart?”
- Assume scale, spread, sustainability
- Choose metrics together for mutual accountability
- Ongoing communication and reporting
Partnership Benefits & Key Elements

- Anchor organizations as funding partners
- Decision makers represented at meetings
- Play to strength of partners
- View work through equity lens
- Information sharing, transparency and mutual respect
- Integrate same messages, programmatic successes throughout various systems including CHW integration, equity policies, and understanding SDOH’s impact on at risk populations
Challenges & Opportunities

**Challenges:**

• Sharing data, building trust, market issues

**Opportunities:**

• Learning in the open

• Practicing Population Health approach, equipping for Health Reform including Medicaid expansion
  
  – Public policy advocacy that benefits all
  
  – Meeting new IRS Community Benefit reporting requirements common to all non-profits
  
  – National collaborations
  
  – A healthier community; a healthier bottom line
Sharing Learnings on a National Platform

- AHA Leadership Summit, July 2013 - San Diego
- APHA, November 2013 - Boston, November 2014 – New Orleans
- City MatCH, Sep. 2015 – Salt Lake City
A Standout Collaboration

Competing health systems come together as:

– leaders
– funders
– strategists
– communicators
– implementers …

with public health, community & academic partners

Michael Duggan (DMC), Brian Connolly (Oakwood), Patrick McGuire (St. John Providence), Nancy Schlichting (HFHS), April 2011
Game-Changing Partnership is ...
...more than a cameo role!
Thank You!

Questions & Answers

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